

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90053 044 ***150.00

DOCUMENT # P97000056953

1. Entity Name
NORTH BAY INVESTORS, INC.



Principal Place of Business
**7924 EAST DRIVE
 PENTHOUSE
 NORTH BAY VILLAGE, FL 33141**

Mailing Address
**C/O ROSEN & COMPANY, 150 SE 2 AVENUE
 SUITE #1200
 MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
**C/O MALLAH FURMAN & CO.
 1001 BRICKELL BAY DR. #1400**

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33131 USA

40001531



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0766381

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FABER, RUDOLF
 7924 EAST DRIVE
 PENTHOUSE
 NORTH BAY VILLAGE, FL 33141**

7. Name and Address of New Registered Agent

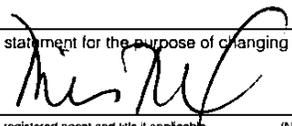
Name
BORIS ROSEN

Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DR. #1400

City
MIAMI

FL Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **1/4/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

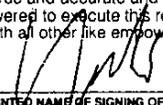
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABER, RUDOLF 7924 EAST DRIVE PENTHOUSE NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FABER, WALTRAUD 7924 EAST DRIVE PENTHOUSE NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RUDOLF FABER, PRESIDENT 1/4/07 305-374-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #